

interactive media electronics environmental science cosmetology

multimedia legal/medical office technologies collision repair technology

electrical technology horticulture-retail restaurant services

health & recreation services computer-aided design drafting

financial services commercial art marketing & logistics management

ag/industrial diesel mechanics health technologies building trades

heating, ventilation, air conditioning, & refrigeration

horticulture-landscaping programming & software development

carpentry computer support technology welding

dental assisting auto technology cisco networking academy

employability prep culinary arts international business



Eastland-Fairfield

Career & Technical Schools

Application

architecture/construction management performing arts

construction/facilities maintenance law enforcement

1. Student Information

Please complete sections 1, 2, 3, and 5. After completing these sections, give the application to your guidance counselor.

First Name _____ Last Name _____ M.I. _____
Address _____ City _____ Zip Code _____
County _____ Birthday _____ Phone Number _____
E-mail _____ Social Security Number (optional) _____
Current High School _____ Male Female
Race (optional) African American American Indian Asian Caucasian Hispanic Other

2. Parent/Guardian Information

Parent/Guardian Name _____ Relationship to Applicant _____
Address (if different from above) _____
Work Phone Number _____ Employer _____
Cell Phone Number _____ E-mail _____

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Address (if different from above) _____
Work Phone Number _____ Employer _____
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Directory information including social security number will be provided to employers, the military, postsecondary institutions, and the Heart of Ohio Tech Prep Consortium, unless a parent, guardian, or adult student notifies the Records Control Office in writing that he/she will not permit distribution of any or all such information.

Any student 16 years of age or older who has completed two years of high school in any district affiliated with Eastland-Fairfield Career & Technical Schools and meets the conditions for enrollment may apply for any career and technical program offered.

By signing below, you give permission to release Ohio Graduation Test (OGT) scores for the student named above to Eastland-Fairfield Career & Technical Schools. Eastland-Fairfield Career & Technical Schools will use the OGT scores to determine whether the student needs to retake any parts of the OGT in order to fulfill Ohio state graduation requirements and to place the student in the appropriate classes. The student information will only be disclosed to school officials and authorized representatives. Eastland-Fairfield Career & Technical Schools will not re-disclose the information.

All placements are tentative until receipt and review of all accurate academic records.

Signature of Applicant Date

Signature of Parent/Guardian Date

Printed Parent/Guardian Name Date

(Parent Initials) **By initialing here, you are authorizing Eastland-Fairfield Career & Technical Schools to receive all educational records from the student's high school, i.e. transcript, IEP, MFE, OGT (optional).**

3. Program Selection

List up to three programs you are interested in applying for by writing a 1, 2, or 3 by your choices.

Agricultural & Environmental Systems

- _____ Environmental Science (NAHS)
- _____ Horticulture—Landscaping (ECC)
- _____ Horticulture—Retail (ECC)

Arts & Communication

- _____ Commercial Art (ECC)
- _____ Performing Arts (RHS)

Business & Administrative Services

- _____ Financial Services* (ECC)
- _____ International Business* (GLHS)
- _____ Legal/Medical Office Technologies (ECC)

Construction Technologies

- _____ Architecture/Construction Management* (GLHS)
- _____ Building Trades (FCC)
- _____ Carpentry (FCC)
- _____ Construction/Facilities Maintenance (FCC)
- _____ Heating, Ventilation, Air Conditioning,
& Refrigeration (FCC)

Engineering & Science Technologies

- _____ Electrical Technology* (ECC)
- _____ Electronics (ECC)

Health Science

- _____ Dental Assisting (ECC)
- _____ Health & Recreation Services (FCC)
- _____ Health Technologies* (FCC)

Hospitality & Tourism

- _____ Culinary Arts (ECC)
- _____ Restaurant Services (ECC)

Human Services

- _____ Cosmetology (ECC)
- _____ Cosmetology (FCC)
- _____ Employability Prep (Off-site)

Information Technology

- _____ Cisco Networking Academy (NAHS-one year)
- _____ Computer Support Technology* (FCC)
- _____ Interactive Media* (ECC)
- _____ Multimedia* (PHSN)
- _____ Programming & Software Development* (ECC)

Law & Public Safety

- _____ Law Enforcement* (ECC)

Manufacturing Technologies

- _____ Computer-Aided Design Drafting (ECC)
- _____ Welding (ECC)

Marketing

- _____ Marketing & Logistics Management* (GMHS)

Transportation Systems

- _____ Ag/Industrial Diesel Mechanics (ECC)
- _____ Auto Technology* (ECC)
- _____ Auto Technology* (FCC)
- _____ Collision Repair Technology (ECC)

ECC—Eastland Career Center

FCC—Fairfield Career Center

Satellite Locations:

GLHS—Gahanna Lincoln High School

GMHS—Groveport Madison High School

NAHS—New Albany High School

PHSN—Pickerington High School North

RHS—Reynoldsburg High School

Students accepted into programs at satellite locations are responsible for their own transportation.

Programs marked with an * are College Tech Prep programs or have the College Tech Prep option available. If you meet the College Tech Prep requirements and are accepted into a program with this option, you will be placed in the College Tech Prep Pathway. All programs can lead to college with appropriate college preparatory academics.

There is no tuition charged for attendance at either career center. However, there are expenses for tools, uniforms, workbooks, and lab fees. Financial assistance and/or installment payment plans are available for families experiencing financial difficulties. Information concerning financial assistance can be obtained by contacting the Building Director at either career center.

It is the policy of Eastland-Fairfield Career & Technical Schools to provide equal opportunities in all its educational programs and operations in all areas of employment practice and to ensure that there shall be no discrimination against any employee or applicant or student on the grounds of age, race, color, religion, disability, sex, national origin, or ancestry.

Title VI, Title IX, and Section 504 Coordinator is Joan Ann Hoskinson. Any alleged act of discrimination in reference to age, ancestry, color, disability, national origin, race, religion, or sex (gender) equity should be referred to Ms. Joan Ann Hoskinson at (614) 836-5725, Eastland Career Center, 4465 S. Hamilton Road, Groveport, Ohio 43125.

4. Counselor Information

To be completed by the high school guidance counselor.

Please provide current student transcripts, as well as IEP/MFE documents.

Student Name _____

Current Grade/Rank Freshman Sophomore
 Junior Senior

IEP Designation *(optional)*

AUT CD ED Deafness LD 504 Plan
 MD OHI OI SI TBI VI

Current Number of Credits Earned _____

Pending Credits _____

Student State ID _____

Guidance Counselor Comments

Guidance Counselor Signature _____

5. Emergency Medical Form

To be completed by the parent/guardian.

In the event that reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by my preferred physician/preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to my preferred hospital, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Emergency Contact Information

Emergency Contact Name _____ Relationship to Applicant _____

Daytime Phone Number _____ Alternate Phone Number _____

Preferred Physician _____ Phone Number _____

Preferred Dentist _____ Phone Number _____

Preferred Hospital _____

Check here if you **do not** give consent for emergency medical treatment of your child. In the event of illness or injury requiring emergency treatment, school authorities should take no action or: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____ Date _____